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### Emotional labour and compassionate care

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## **Emotional labour and compassionate care: What's the relationship?**

### **Abstract**

**Background:** Malawi is one of the countries in the Sub-Saharan region of Africa which is severely affected by the HIV pandemic. This being the case, student nurses' clinical encounters include caring for patients with HIV and AIDS. Such encounters evoke emotions of fear among nursing students and emotion management is essential as it promotes emotional engagement and compassionate care.

**Objectives:** The study explored the clinical learning experience of undergraduate nursing students in Malawi, with an aim of gaining an understanding of the nature of their experience.

**Design:** This was a hermeneutic phenomenological study.

**Setting:** The study took place at a university nursing college in Malawi.

**Participants:** Participants for the study were purposively selected and consisted of thirty undergraduate nursing students.

**Methods:** Conversational interviews were conducted to obtain participants' accounts of their experience and a framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis.

**Results:** The participating students reported of their experience during the early years of their studies, which depicted their experience as novice students and they also reported of their current experience at the time of the study, depicting their experience as senior students. The study findings revealed fear of contracting HIV infection among nursing students during the early years of their studies. Consequently, students avoided taking care of such patients, which depicts emotional detachment. As students progressed with their studies, they realised that patients with HIV and AIDS needed more support because of the problems they experienced. Students changed their attitude towards the patients and provided care compassionately, which portrays emotional engagement.

**Conclusion:** The study findings illustrate that nursing students need to work on their emotions in order to provide compassionate care, which is consistent with the concept of emotional labour. The paper argues that emotional labour is essential in promoting compassionate care.

**Keywords:** Clinical learning experience; HIV care; Compassionate care; Emotional labour; Hermeneutic phenomenological research

### **Introduction and Background**

This paper presents part findings of a study exploring the clinical learning experience of undergraduate nursing students in Malawi. This is an area which has been widely explored, more especially, in the UK, Australia and other western countries. However, it was still needful to conduct this study in Malawi because nursing education practices may share similarities while at the same time there are some distinctions from country to country (Turale et al., 2008). The aim of the study was to gain an understanding of the nature of the students' experience and its findings contribute to a body of nursing knowledge that specifically addresses issues of nursing education from an African perspective. The challenges which confront nurse learning in African countries are in themselves unique and

different from those experienced in western countries and therefore there should be a body of knowledge to this effect.

Although the focus of the study was students' learning in the clinical setting, the study also reveals significant issues on HIV care. It reveals how nursing students learnt to provide compassionate care to patients with HIV and AIDS. This is essential because Malawi is one of the countries in the Sub-Saharan region of Africa with a high prevalence of HIV infection. It has a national prevalence of 10.6 % (National Statistical Office, 2010). For this reason, students' clinical experience includes caring for patients with HIV and AIDS. The paper therefore discusses the experiences of nursing students in relation to HIV care. It reflects the relationship between emotions and compassionate care and it may seem management of emotions among other factors enabled the students to provide compassionate care to patients with HIV and AIDS.

Scheper-Hughes & Lock (1986) indicate that societal and cultural images and representations of major diseases like AIDS are more ugly and degrading and they claim that such responses create a second illness in addition to the original affliction. They term this the double illness metaphor. Arguably, stigma and discrimination displayed by health care personnel towards patients with HIV and AIDS can have similar effects. Furthermore, Kottow (2001) indicates that although disease presents as an organic disorder, it is an existential crisis. Compassion is therefore essential in HIV care because of the vulnerability HIV and AIDS places on patients.

Compassion is indispensable in the provision of nursing care. It is said that any human act which concerns living beings, must be thoughtful and concerned, lest it be trivial, harmful, and destructive or even cruel (Kottow, 2001, p. 59). Compassion in nursing is a core and underpinning philosophy fundamental to the profession (Straughair, 2012). We argue that Providing compassionate care should be viewed as a moral obligation for both nurses and student nurses. To this end, Paley (2013) recommends that we must think about how to 'grow and develop' compassion (in the sense of motivation) among nurses and nursing students.

Literature reflects some of the factors which enhance the development of compassionate behaviours among nursing students. Straughair (2012) claims that effective student nurse recruitment promotes selection of the most appropriate individuals. Consistent with this view, Lemonidou et al (2004) reveal moral awareness among nursing students during clinical practice at the beginning of their studies. The students who participated in their study demonstrated empathy, caring and emotion. Debatably, these professional values may not have been learnt so early in the programme, but probably these were inherent in

them and this supports the need for appropriate recruitment and selection of nursing students. However, this does not preclude the fact that some students may learn how to provide compassionate care in the course of their studies. The question worth asking is how students learn to provide compassionate care? Can compassionate care be taught? Additionally, Straughair (2012) claims that service user involvement in recruitment and selection, curriculum planning and learning and teaching strategies, and post-qualification education, can enhance the development of compassion as a core nursing value.

Straughair (2012) argues that uncovering the true meaning of compassion is complex and challenging owing to its subjective nature. Nevertheless, a conceptualisation of what it specifically entails is essential if nurses will effectively render compassionate care. Paley (2013) asserts that compassion can refer to either behaviour or motivation. 'Compassion is an emotion.... an altruistic virtue that involves concern for the good of the other person, an imaginative awareness of the other's suffering, and a desire to act in order to relieve that suffering' (Pask, 2003, p. 170-171). Emotion is seen as essential to the development of effective and meaningful relationships with patients and motivates one's decisions and actions (Freshwater and Stickley, 2004). We therefore argue that compassionate care is about emotions and it requires considerable emotion work. In literature issues on emotions are commonly discussed under the concept of emotional labour.

Emotional labour is a concept which was coined by Hochschild, an American sociologist. It is defined as "the induction or suppression of feelings in order to sustain the outward countenance that produces the proper state of mind in others of being cared for" (Hochschild, 1983, p.7). It has to do with the emotions and thoughts that nurses feel inwardly but they cannot express them in practice (Huynh et al., 2008). We conceptualise emotional labour as the internal regulation or management of emotions which takes place when an individual perceives a mismatch between their inner emotions and the expected emotions to be displayed. This is consistent with Mann (2005) who states that it is the emotional dissonance which leads to emotional labour. Smith (2012) posits that nurses have to work emotionally on themselves in order to care for patients. The expectation that nurses smile and are compassionate is a form of emotional labour (Smith, 2008). Hunter and Smith (2007) assert that emotional labour in nursing is particularly needed when working in distressing situations and we argue that caring for patients with HIV and AIDS can be distressing, more especially to novice students.

The following sub concepts are identifiable within the concept of emotional labour: feelings rules, emotional dissonance and emotional harmony and engagement and

detachment. Feeling rules are standards used in emotional conversations to determine what is rightly owed and owing in the currency of feeling (Hochschild, 1983, p.18). They are the determinants of whether one should engage in emotional labour or not. Emotional dissonance requires an individual to suppress instinctive emotions such as disgust or frustration while emotional harmony occurs when an individual instinctively identifies with and feels for the patient's suffering and must manage their emotions so as to be detached enough to carry out their role (Mann 2005). Henderson (2001) claims that emotional caring is a choice that individuals make between emotional engagement and detachment while Carmack (1997) emphasise the need to maintain a balance between detachment and engagement for the well-being of care providers. However, emotional engagement is a requirement for excellence in nursing practice (Henderson, 2001).

There is no cure yet for HIV and AIDS and we argue that fear of contracting HIV infection and caring for patients with HIV and AIDS are issues which might cause students a particular degree of emotional labour. Furthermore, we argue that emotional labour is essential because it facilitates a therapeutic relationship between the patient and the student nurse, enabling compassionate care. In this paper, the terms emotional labour, emotion work and management of feelings are used interchangeably.

## **Methodology**

### **Research Design**

The study explored the clinical learning experience of undergraduate nursing students in Malawi, employing a hermeneutic phenomenological approach. Heidegger (1889-1976) and Gadamer(1900-2002) are the two phenomenologists whose philosophical tenets underpinned the study.

### **Heidegger's philosophical tenets and their application to the study**

Heidegger is one of existential phenomenologists and his philosophical tenets underpinned this study because his beliefs were more deeply phenomenological due to his orientation towards the question of being (Moran 2000). He believed that "humans" are always caught up in a world into which they find themselves thrown. This led him to develop the notion of "In-der-welt-sein" which means "being-in-the-world" (Moran 2000). Heidegger's phenomenology is directed at understanding "Dasein" which is translated as "the mode of being human" or the situated meaning of a human in the world (Lavery, 2003). This implies that our being is always a being-in-the-world, and therefore our understanding of the world

does not come from a consciousness that looks at the world but from our experiences in the world that we must then make sense of (Freeman, 2007, p. 927). By the same token, student nurses do not just occupy their world; they are involved and interact with it. Heidegger claimed that the goal of phenomenology must be to understand “Dasein” from within the perspective of a lived experience (Moran, 2000). This reflects the need to understand the “lifeworld” of student nurses on the basis of their lived experience, which constitutes substantially their clinical learning experience.

Furthermore, Heidegger believed that phenomena manifest themselves in a “self-concealing manner” (Moran, 2000), implying that phenomena do not manifest themselves fully. His assumption was that the lived experience is veiled and the researcher’s responsibility is to unveil the experience through interviewing, reading and writing (Wilson & Hutchinson, 1991). He therefore felt that phenomena cannot simply be described, but rather that phenomenology has to do with the seeking of hidden meanings. He felt that the appropriate way of seeking for meaning is the interpretation of text as this manifests the hidden structures of a phenomenon (Cerbone, 2006). We argue that in the same way, the clinical learning experience is a veiled experience and the students’ narrative accounts would not have fully revealed the nature of their experience. It was for this reason that the narrative accounts of the students who participated in this study were interpreted. This approach revealed the hidden structures that inform the students’ clinical experience.

### **Gadamer’s philosophical tenets and their application to the study**

Gadamer (1900-2002) was taught by Heidegger and he is acknowledged as being central to the development of contemporary hermeneutic philosophy (Pascoe, 1996). According to Fleming et al. (2003), his main concern was, how is understanding possible? He believed that all understanding is phenomenological and was of the same view as his mentor Heidegger that understanding can only come about through language. He was especially interested in how a bringing forth of awareness of our being occurs in and through language (Freeman 2007). Hence as reflected in Gadamer (2004), he states that Language is the universal medium in which understanding occurs. He viewed language as being uniquely placed and having the potential to reveal meaning and the world. To this end he wrote, “Human language must be thought of as a special and unique life process since, in linguistic communication, “world” is disclosed” (Gadamer, 2004, p.443). Holstein and Gubrium (1997) assert that meaning is actively and communicatively assembled in the interview encounter. In view of this, conversational interviews were conducted to obtain students’ accounts of their clinical

learning experience.

Furthermore, Gadamer believed that understanding can only be possible in the presence of historical awareness which he referred to as prejudice or preunderstanding, which Heidegger called fore-conception (Freeman 2007). The concept of prejudice does not carry with it any negative connotations but it is a judgment which is rendered before all the elements that determine a situation have been finally examined (Gadamer, 2004, p. 273). Our prejudices or preunderstanding are necessary conditions for our understanding of the present (Debesay et al., 2008). Furthermore, the authors state that this recognition stems from the fact that we never meet the world without prejudice, but with preconceived expectations of it based on prior experience. Consistent with Gadamer's belief that one should have a pre-understanding or foreknowledge or pre-judgments of the phenomenon before one can attain its meaning, our preunderstanding included our knowledge of, and insights into emotional labour. This enabled us to make manifest the hidden structures of the clinical learning experience for Malawian nursing students.

Additionally, Gadamer believed that meaning of a phenomenon is achieved through a process of moving dialectically between a background of shared meaning and a more finite focussed experience. He believed that understanding is always an historical, dialectic and linguistic event and is achieved through what he called "fusion of horizons." The concept of horizon refers to "the range of vision that includes everything that can be seen from a particular vantage point" (Gadamer, 2004, p. 3001). Turner (2003) points out that the things that are part of our understanding, our view point, which is constantly in the process of formation and being shaped by our past and our awareness of the present, are our horizons. Freeman (2007) claims that understanding involves a critical and reflective process which enables the researcher to create more empowering interpretations. The researcher enters into a dialogue and in this interpretive dialogue, between the text and the interpreter, resides the "fusions of horizons," which is a fusion of the text's horizon with that of the interpreter (Hekman, 1986, p. 111).

### Study setting and sample

The study took place at a University nursing college in Malawi and the participants were recruited by the first author. Third and fourth year undergraduate nursing students were purposively selected to participate in the study. This sampling method selects individuals for study participation based on their particular knowledge of a phenomenon for the purpose of sharing that knowledge (Streubert & Carpenter, 2011). The reason for selecting senior

nursing students was that by the time of the study they would have had adequate practice to ably articulate their experience as opposed to year one or two students. The sample consisted of 30 participants who were recruited through volunteering. A total of 17 participants were female and 13 were male, and 15 participants were drawn from each of the two cohorts where the study sample was obtained from namely, third year and fourth year nursing students. However, there were no differences in terms of their perceptions between male and female students. The sample was big for a phenomenological study because in a hermeneutic phenomenological study, a sample of 10–20 participants is usually a sufficient sample size (Wilson & Hutchinson, 1991). However, this was done due to the delay in ethical approval, which negatively impacted on accessibility of the study participants. Nevertheless, a larger sample yielded rich insights about clinical learning in Malawi.

#### Ethical consideration

Ethical approval to conduct the study was obtained from the ethics committee for the School of Health in Social Science at University of Edinburgh. In Malawi, ethical approval was obtained from the ethics committee at College of Medicine (COMREC). The research proposal was approved in 2009 and the reference number for the ethical approval was P.09/09/828. In addition, permission to conduct the study was obtained from the head of the institution where the study took place and both verbal and written consent were sought from each individual participant. Respect for human dignity is one of the primary ethical principles on which standards of ethical conduct in research are based and this includes the right to self-determination (Polit & Beck (2008). This implies that humans should be treated as autonomous beings and in view of this, prospective study participants were allowed to decide voluntarily to participate in the study without any coercion. Informed consent implies that participants have adequate information about the research, and understand the information which enables them to make an informed decision to participate or decline participation (Polit & Beck, 2008). The participants were informed about the following; purpose of the study, type of data, participant selection procedures and contact information of the researcher who collected data for the study. Polit and Beck (2008) reflect that all research with humans involves intrusion into personal lives of participants and they have the right to expect that the data they provide will be kept in strictest confidence. Anonymity is the most secure means of protecting confidentiality and this was achieved through use of designated speaker identifiers or codes instead of participants' names.



## Data collection

Conversational interviews were conducted to obtain the participants' accounts of their clinical learning experience. Initially, 25 interviews were conducted from 19 November to 20 December 2009. As already mentioned, this was more than what is normally required for a phenomenological study. Nevertheless, being able to access a much larger sample than is usually expected for such qualitative research yielded rich insights into clinical learning in Malawi and some practice issues, which are discussed in this article. Five more interviews were conducted in March 2010 after realising that some of the emerging issues were not sufficiently explored. On average, each interview session took about one hour however; some sessions lasted more than one hour.

## Data Analysis

A framework developed through modification of Colaizzi's (1978) procedural steps guided the phenomenological analysis. The modification was essential because of some observed limitations and Colaizzi himself recommends that his procedural steps can be modified as the researcher considers it necessary. Colaizzi's approach to analysis does not reflect the important role that reflection plays in enabling the researcher to develop meaning of the phenomena being investigated. The method involves extracting phrases or sentences that directly pertain to the investigated phenomena. Phenomenological analysis goes beyond mere extraction of phrases. The phenomenological researcher deeply engages with texts through reflection and gains insight of the phenomena being investigated (Richards and Morse 2007). Additionally, Colaizzi's method does not suggest that all understanding is dependent upon preunderstanding (Fleming et al., 2003). Gadamer greatly upholds the importance of preunderstanding or prejudice in facilitating understanding of the phenomena being investigated. Therefore, recognizing that Gadamer's philosophical views underpin this study, this was considered a major weakness with Colaizzi's method. In view of this, Colaizzi's steps were modified accordingly. The modification involved incorporation of some ideas from Fleming et al (2003) and Diekelmann (1992), creating an eclectic framework which guided the analysis. The framework has a series of steps to facilitate analysis that arguably will reduce the complexity and "messiness" associated with qualitative data analysis. Richards and Morse (2007) argues that although the steps give the researcher the idea of how to proceed, the process of phenomenological analysis is not stepwise, nor linear but iterative. Richards and Morse (2007) also reveal that labelling the different elements of the process as steps tends to underestimate the cognitive work involved and distracts the researcher from

thinking phenomenologically. Although these sentiments are pertinent, for the novice researcher the steps are quite indispensable and can make the analysis less overwhelming (Saunders 2003).

Data analysis progressed following the step by step approach. The interview sessions were followed by verbatim transcriptions which transforms the interview material into a text, which the researcher dialogues with (Fleming et al 2003). Lapadat and Lindsay (1999) indicate that transcription is an integral process in the qualitative analysis of language data. The next step in this analysis involved reading and examining each interview text to identify expressions which reflect the fundamental meaning of the text as a whole. The next step involved returning to the interview text reading line by line and extracting phrases or sentences that directly pertain to the clinical learning experience which enabled us to identify salient issues emerging from the narrative accounts. This was a rigorous process of going over every word, phrase, sentence and paragraph in the text in order to elicit the participants' meanings (Hycner 1985). Emerging themes were thus identified through line by line reading of the transcripts, and the reflective extraction of phrases or sentences that pertained to the phenomena being investigated. However, the identification of themes did not mark the end of the analysis. In a hermeneutic phenomenological study, it is a requirement that the researcher interprets the findings to understand the phenomenon being explored. Accordingly, the findings were interpreted from a perspective of emotions, utilizing emotional labour (Hochschild, 1983) as a conceptual framework which guided the interpretive phase. Gray (2009) claims that emotions in health organisations tend to remain tacit and in need of clarification. Furthermore, he asserts that research must investigate the ways that emotions are dealt with by nurses so as to make emotional labour explicit. This study did not investigate students' emotions, but what resonated from their narrative accounts is the emotion work or management of feelings which characterised their caring encounters with HIV positive patients. This is consistent with the assertion that language is a signifier of hidden meanings about implicit aspects of emotions' (Froggatt, 1998, p. 332). This is also consistent with the claim that language is "world disclosing" (Gadamer, 2004).

## **Findings**

The following themes emerged from the analysis: nursing students' fear of contracting HIV infection; nursing students' experience of caring for an HIV positive relative and nursing students' experience of providing compassionate care to HIV positive patients. The presented themes have been identified based on what the students' narrative accounts depict. However,

the discussion section is the one which mainly portrays our interpretation of the findings, analysing the various issues from a perspective of emotions and compassionate care.

### **Nursing students' fear of contracting HIV infection**

The study reveal fear of contracting HIV infection among novice students and this is evidenced by the fact that students tended to mention that they had fear of caring for HIV positive patients during the early years of their studies. Participant # (St-10-F-4) described it this way:

In year one it was much difficult to take care of someone whom you knew that this patient has AIDS because of the fear that you can have a needle prick injury ... And after some years of training that's when I realised that it's ok. It was even interesting to work with those patients because some of them could be open and would tell you all sorts of stories and at least you could help that patient.

Similarly, participant # (St-29-M-3) had this to say:

Since first year up to now I have been coming across patients who are HIV positive. At first my approach was that of being afraid because, I learnt that HIV is not only transmitted through sexual intercourse but through fluids like blood... But as time went by my knowledge began to improve. I realised that if you follow proper aseptic techniques, and then even if you care for patients who are HIV positive, that doesn't put you at a greater risk of getting HIV infection.

Furthermore, participant # (St-27-F-3) expressed the following sentiments:

When I was in first year one, of the lectures we had a lesson concerning post exposure prophylaxis, to say you can be pricked and all that. The issue of HIV and AIDS, I was honestly, I was afraid to say, oh I came from home, I was just ok. And then I came here, and then just because of nursing I become HIV positive, just because of a client. I was afraid to say ah it just means this work you are just risking your life.

There is evidence that as students progressed with their studies, fear of contracting HIV infection was no longer a concern. However, the study reveals that incidents such as needle stick injuries become worrisome to both experienced and novice students. The following extract of an interview session with participant # (St-23-F-3) illustrates this:

**Participant:** When we were in paed's, I was putting up blood, I was transfusing a kid, but that kid was HIV positive, and as I inserted a cannula then that kid pushed me and blood from where I pierced ... dropped into my eyes and by then ... there were some sores in my eyes. But then I felt to say what then? But I didn't go for testing ... but I went after a week and the results were negative. But just three days ago I went again; I had stress to say eh what if I have it? What

then, will I continue with my education or not? I had a lot of thoughts, I had stress but then the results still came negative.

**Researcher:** What made you to go again for testing?

**Participant:** Because it has been a long time since it happened ... last two weeks I opened bowels so I was thinking (*laughter*) maybe it is the infection (*laughter*) maybe my immunity has gone down ... but I was afraid. But I didn't react to the mother of the child when it happened, I knew it happens. It wasn't the will of the mother or the child, the child doesn't know what she does. The results were negative and I just thanked God.

These findings indicate that an episode of a needle stick injury also instils fear of contracting HIV infection among the nursing students. These feelings recur with onset of symptoms that might indicate a lowered immunity, leading to a tendency to go for another test. For example, the student reported that she had diarrhoea, and this is one of the symptoms which patients with HIV and AIDS commonly present with. The study also reveals that going for the test is also a daunting exercise.

### **Nursing students' experience of caring for an HIV positive relative**

The study reveals that an experience of caring for an HIV positive relative at home helped some students to develop positive attitudes towards hospitalised patients with HIV and AIDS. More importantly, they appreciated that such patients needed more support. Participant # (St-15-F-4) gave the following account:

When you go home, you really see that it's not just in the hospital where people with HIV and AIDS are, but even in our homes people are still there. And the way you interact with them (*HIV positive patients in hospital*) you see that this is just like somebody who is at home, who is near us that we have to take care of.

Similarly, participant # (St-20-F-3) made the following comment:

So I learnt quite a lot to say; what if these people are my parents? What if these people are my sisters, my brothers how would I want them to be cared? I told myself, I will be in the position of the guardian (*relative*) of that client who is reactive (*HIV positive*). So I told myself I don't really have to feel like this; I felt well I can do it really yah, yah ... I felt I really need to help them, I really have to do what I am expected to do; the best I can do. So now I feel any client is the same reactive or not reactive, yah.

Furthermore, participant # (St-27-F-3) expressed the following sentiments:

Then when I came to understand it, and personally I realised that I have got a relative who is also HIV positive. Then I had it in my heart to say ... how do I want my relative to be cared? Do I want them to be left without being treated just

because they are HIV positive?

In one of the excerpts under the first theme, participant # (St-27-F-3) alludes to nursing being a profession where one can risk her life because there is a possibility of contracting HIV infection through needle stick injuries. Later on in her studies after an experience of caring for an HIV positive relative, her attitude completely changed as indicated by the excerpt above.

The study also reveals that awareness of the problems which patients experienced because of having AIDS also helped students to change their attitudes towards HIV positive patients and participant # (St-10-F-4) had this to say:

You could find that a patient has got AIDS, maybe it's a wife, it's a woman; the husband is gone, so when you hear those emotions and the problem the person is facing, it's like you get connected to that patient and you want to do something more for that patient for the wellbeing of that person

Patient circumstances enabled nursing students to develop concern for HIV positive patients. This consequently motivated them to provide care to promote the patient's wellbeing.

### **Nursing students' experience of providing compassionate care to HIV positive patients**

The findings reveal that HIV positive patients are normally anxious and therefore the nurse-patient relationship is crucial in alleviating such anxiety. Participant # (St-21-F-3) gave the following narrative account:

Someone having AIDS is just like everybody else we should not discriminate her, she has the right to care ... I noted that the patient is having ineffective coping: anxiety due to the diagnosis of HIV/AIDS. So the first thing that I was doing is to develop a therapeutic nurse/client relationship. This is important because it instils trust in the client, the client opens up to you ... you alay anxiety.

Similarly, participant # (St-16-F-3) said:

And then most of the clients who are HIV positive when you are friendly to them, when you show them love, they always have trust in you. They can even start explaining much of their problems to you so that's how I discovered that these clients, the HIV positive clients they need support from us nurses.

The study reveals that nursing students also realised of the need to exercise caution in the way they interacted with HIV positive patients so that patients would not feel they were not being stigmatised. Participant # (St-15-F-4) described it this way:

You need to put extra care to somebody who is HIV positive in the sense I mean infection prevention issues and then being sensitive to how you approach them just because sometimes when you approach them in another way they just feel like ok you are doing that just because they are HIV positive. So you really have to caution yourself how you approach them.

Likewise, participant # (St-23-F-3) had this to say:

And those clients with HIV and AIDS are very emotional to say if you just do something bad to them or if you don't answer them; if you don't do anything to them they will interpret it that it's just because of their condition.

Caring for HIV and AIDS patients with "love" has a potential to bring about "healing" and participant # (St-23-F-3) had this to say:

I have encountered a lot of HIV and AIDS patients who have recovered just because you have cared for them with love.

These findings illustrate the importance of establishing good nurse patient relationships when caring for patients with HIV and AIDS. The importance of caring for such patients with love and compassion is also underscored and all these are indicators of compassionate care.

## **Synthesis and Discussion**

The aim of this study was to gain an understanding of the nature of the clinical learning experience of Malawian undergraduate nursing students. The main findings are the evident development of compassionate care among nursing students towards HIV positive patients. The study reveals fear of contracting HIV infection among nursing students and this is consistent with previous research (Bektaş & Kulakaç, 2007; Lohrmann et al., 2000; Rondahl et al., 2003). However, the findings indicate that this was a problem during the early years of their studies. Consequently, the students tended to avoid taking care of HIV positive patients and performing invasive procedures for fear of needle stick injuries. The study further reveals that as nursing students progressed with their studies, they changed their attitudes towards HIV positive patients and this can be attributed to several factors as their narrative accounts indicate. First and foremost their knowledge on HIV improved, clearing some of the misconceptions they had. Some of the students had an experience of caring for an HIV positive relative which also significantly helped them to change their attitudes and this is consistent with previous research (Anderson et al., 1997; Bektaş & Kulakaç 2007; Peate et al 2002).Cunningham et al (2006) also revealed that previous experience of looking after ill

family members or friends influence students' attitudes and approach to care. The study also reveals that the patient circumstances also played a critical role in changing the students' attitudes. The patient's problems made the students to empathise with HIV positive patients and to realise that they needed more support than any other patient. While fear of contracting HIV infection seemed not to be a problem during the latter years of their studies, this became a concern in the event of a needle stick injury. There is evidence that the feelings recurred when a student developed an illness which presented with symptoms that are indicative of a lowered immunity. When such fears developed students tended to go for another HIV test and the findings reveal that going for the test is a daunting exercise.

This section of the paper is discussed under two themes and the first being, emotional detachment due to fear of HIV infection: Does it portray "compassion deficit?" This theme derives from the fact that caring for HIV positive patients evoked feelings of fear among the students such that they avoided taking care of such patients. We interpret this as emotional detachment. What we want to tease out is whether this is an indication of compassion deficit or not. The second theme is titled, "the centrality of emotional engagement in providing compassionate care to HIV positive patients." This theme derives from the fact that as students progressed with their studies, they changed their attitudes towards HIV positive patients. They empathised with the patients and committed themselves to take care of them, which we interpret as emotional engagement and we view this as essential for compassionate care.

### **Emotional detachment due to fear of HIV infection: Does it portray "compassion deficit?"**

The study findings reveal evidence of both emotional detachment and engagement among the students as they cared for patients who were HIV positive. This is consistent with Henderson (2001) who asserts that emotional caring is a choice that individuals make between emotional engagement and detachment. Arguably, emotional engagement could be viewed as an indicator of compassionate care, while emotional detachment could be an indicator of "compassion deficit." As this Malawian study illustrates, the ability of nursing students to undertake the care giving role for HIV positive patients is seen to be on a continuum, with emotional detachment and emotional engagement at the two ends of the continuum. As already mentioned, novice students tended to detach themselves emotionally from HIV positive patients. As the study reveals, the detachment stance afforded them a means of self-protection. However, to the recipients of care it may have been perceived as

“compassion deficit” but the question worth asking is whether this indeed portrays “failure of compassion?” Consistent with Paley (2013), such a detached stance among novice nursing students may not necessarily have resulted from “failure of compassion” but from some contextual factors such as being a novice student with insufficient preparation to take up a role of caring for HIV positive patients. This argument is made on the basis that there is evidence that novice students can demonstrate empathy, caring and emotion (Lemonidou et al., 2004). Self-protection was quite a critical issue for the students considering that there is no cure yet for HIV and AIDS. This view is consistent with Murdoch’s moral thought on self which states that the ‘self is such a dazzling object, that if one looks there, one may see nothing else. This implies that to the students self-protection was a priority and hence the detached stance which they assumed towards HIV positive patients.

### **The centrality of emotional engagement in providing compassionate care to HIV positive patients**

The study reveals emotional engagement with HIV positive patients occurring among senior students. The problems which such patients encountered facilitated the student’s emotional engagement. For instance, one of the students mentioned that upon hearing the patient’s problems, she felt “connected” to the patient and felt the need to help the patient. These findings illustrate the creation of an emotional bond and this is essential in providing compassionate care. This is consistent with Smith (2012) who maintains that emotions are the key to connection with patients. Furthermore, Gray and Smith (2000) claim that the role of the nurse is to act as an emotional buttress to help patients to get over difficult times. However, this can be emotionally demanding and Smith (1992) recognises that caring for patients with HIV and AIDS increases the emotional load on nurses.

In Malawi the problem of HIV and AIDS is extensive involving almost every family. One may not be infected but a family member or a relative could be. The experience of taking care of a relative who is HIV positive contributed significantly to changing the students’ attitudes and it is one of the factors which influenced them to engage emotionally with HIV and AIDS patients. As indicated in one of the excerpts, a student said, “When you go home you really see that it’s not just in the hospital where people with HIV and AIDS are, but even in our homes people are still there.” It is said that illness is only important when it strikes close to the home (Herndl, 1998, p.772). An experience of caring for an HIV positive relative enabled the students to become empathetic and to engage emotionally with HIV positive



patients. These findings lend support to Lemonidou et al (2004) who revealed in a study that students develop moral awareness by identifying and empathising with the patient's suffering which in turn motivates appropriate caring behaviour. These findings portray the compassionate feelings which students developed towards HIV positive patients. Gaining insight and understanding of HIV and AIDS as a family experience facilitated the development of a bond between the students and the patients.

The study reveals that HIV and AIDS patients are sensitive and emotional, and for the students to effectively provide care to such patients, they needed to engage in considerable emotion work. In other words, students needed to regulate, or rather, control their emotions as the context of the situation dictated. They perceived that they needed to be careful in the way they approached and interacted with HIV positive patients. They needed to work on their emotions in order to render compassionate care. This is consistent with the assertion by James who argued that emotional labour is about action and reaction, doing and being and that the labourer is expected to respond to another person in a way which is personal to both of them (James, 1992, p.500). In this case the students were responding to the patient's emotional state and trying to create an atmosphere where the patient would be cared for with compassion. That meant handling the patients with deliberate emotional control so as not to hurt them. This is consistent with Lilius (2012) who asserts that Compassionate care requires the provider to be able to adjust his or her responses to the patient's needs. She posits that this requires the provider's ability to use self-awareness to manage his or her emotions. The nurse who performs emotional labour is able to manage the reaction of her patient by both providing reassurance and allowing an outlet for their emotions and thus directly impacting on their psychological and physical well-being and recovery(Mann, 2005, p.308).

AIDS is associated with unprecedented suffering and some of the patients are hospitalised in a state where they have completely despaired of life. Some patients see death approaching, which Robins (2006) call the 'near death experience.' The study reveals how some of the students assisted HIV positive patients to overcome their anxieties. Establishing good nurse-patient relationships helped the patients to express their anxieties and this became the starting point of a helping relationship. This is evidence that students were establishing rapport with patients and developing a therapeutic relationship. The findings portray self-giving by the students which Fredriksson and Eriksson (2003) interpret as the gift of a nurse. They assert that if the patient accepts this gift, an invitation to share the patient's world of suffering is possible. Nursing students mentioned of patients opening up and as they shared their suffering they were moved with compassion to take care of them.

### **Limitations of the study**

The main limitation of this study is that data was collected from one nursing College in Malawi, such that the findings cannot be generalised. However, Lincoln & Guba (1985) argue that generalization of findings from naturalistic studies is associated with transferability and individual recognition of relevance rather than reductionist concerns such as sample size and measures of control. Therefore, these findings provide significant insights into the clinical learning experience for student nurses in Malawi and we argue that the findings have implications to other countries with similar educational practices.

The fact that the study did not explore students' emotions and compassionate care and yet the findings are interpreted from these perspectives also poses as a limitation of the study. However, this is a requirement in a hermeneutic phenomenological study. Our knowledge and insight of emotional labour prompted us to interpret the findings in this way. Consistent with Gadamer, this formed the basis of our preunderstanding. Such an interpretation is befitting because interpretive understanding resides within and emerges from a certain perspective (Geanellos, 1998)

### **Implications for nursing education**

Although the study explored the clinical learning experience, salient issues on HIV care emerged from the narrative accounts of the students who participated in this study. These can inform nursing education on how students can be supported during clinical placements as they provide care to HIV positive patients. The implications for nursing education are outlined below and these have been generated through a literature search:

- Novice students lacked knowledge on HIV and AIDS leading to fear of contracting the infection and reluctance to care for HIV positive patients. This underscores the importance of HIV and AIDS education and indicates that nursing faculty should ensure that by the time novice nursing students commence their clinical placements, they should be sufficiently prepared to take care of HIV positive patients through appropriate education. This would help to avoid misconceptions and enable students to provide compassionate, safe and high quality care to patients who are HIV positive (Pickles et al., 2009).

- In trying to achieve self-protection, novice students tended to avoid caring for HIV positive patients. This reflects preoccupation with the self. To this end, Pask (2003) suggests that learners of nursing need guidance and support in order to feel free to concentrate their attention upon the other, and in so doing, learn how they may make a positive difference to patients. Furthermore, she alludes that nursing students need guidance to redirect their psychic vision and energy away from the self. We argue that this is essential for students to be able to engage emotionally with patients and to provide compassionate care.
- Nursing students also need to be supported emotionally as they commence the first clinical placement by knowing their fears if any in relation to caring for patients who are HIV positive and giving them support accordingly. Students who have had a needle stick injury should be followed closely from time to time and given emotional support as may be required.

## **Conclusion**

Malawi being a country which is severely affected by the HIV pandemic, nursing students' clinical experience includes caring for patients with HIV and AIDS. Fear of contracting HIV infection was reported to have occurred during the early years of the programme but progressively the students learnt to regulate and manage their emotions in order to provide compassionate care. We argue that compassionate care is about emotions and it requires emotional labour.

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